

State of Michigan Voter Registration Application

and Michigan Driver License/Personal Identification Card Address Change Form

1 answer

Are you a citizen of the United States of America? Yes No
 Will you be 18 years of age on or before election day? Yes No

► If you responded *No* to either of these questions, do **NOT** complete this form.

2 complete application

Last Name _____ First Name _____ Middle Name _____

Address where you live — house number and street/road _____ Apt. No./Lot No. _____

City _____ Zip Code MI Telephone *optional* _____

If you do not have a house or street address, describe location where you live — cross streets or roads, landmarks, etc. _____

City *or* Township where you live _____ County where you live _____ School District *if known* _____

Mailing Address *if different* For use on Driver License/Personal ID and Voter Registration For use on Voter Registration only _____

Date of Birth _____ Male Female _____

ID Number *check applicable box and provide appropriate number* _____

- I have a state issued driver license or personal ID card # _____ State _____
- I do not have a state issued driver license or personal ID card. The last four digits of my Social Security Number are _____
- I do not have a state issued driver license, a state issued personal ID card or a Social Security Number.
An ID number will be assigned to you for voter registration purposes.

Are you still registered to vote at your last address? Yes No Don't Know *If "Yes" or "Don't Know" enter previous address* _____

Previous Street Address _____ City *or* Township of _____ County _____

State _____ Zip Code _____ Registered under name of *if different than above* _____

3 read, sign and date

I certify that:

- I am a citizen of the United States.
- I am a resident of the State of Michigan and will be at least a 30-day resident of my city or township by election day.
- I will be at least 18 years of age by election day.
- I authorize cancellation of any previous registration.
- The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be subject to a fine or imprisonment or both under federal or state laws.

X _____	Date _____
Signature of Applicant	
X _____	Date _____
Signature of Applicant	

Sign and date both spaces provided above.

BEFORE MAILING, REMOVE TAPE AND FOLD IN HALF TO SEAL CLOSED.